

Lynchburg Police Department Off Duty Police Officer Request Form

	Name:	D.O.B.:	
	Organization:		
	Address:		
	City/State/Zip:		
	Phone Number:	Cell #	
	Event Description:		
	Date(s) of Event:	Hours:	
	Location of Event:		
	Number of Officers: _		
Reason fo	or Police Officers / Duties:		
	s: 3 hour minimum per off	icer per request	
-		per hour per Supervisor (Events requi	ring 4 or more officers)
\$45.00 / \$	47.00 per hour per officer	– <u>Less than 48 hours notice</u>	
\$60.00 / \$	662.00 per hour per officer	- <u>Less than 24 hours notice</u>	
	tion of request less than 48 ed officers.	hours from start time will result in a 3	hour minimum pay for
listed abo		fage and have the authority to request L Lynchburg Police Department is under t	00 0
Signed _		Date	
Received	d by Lynchburg Police (Coordinator	
Date		Time	